

Technology Sciences Group Inc.

1150 18th Street, N.W.
Washington, DC 20036
Direct: (202) 828-8998
E-Mail: lisa.amadio@tsgconsulting.com
Lisa M. Amadio
Principal Regulatory Consultant



a **science group** company

October 31, 2019

Document Processing Desk (AMEND)
Attn: Eric Miederhoff, PM31
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
One Potomac Yard, Rm. S4900
2777 S. Crystal Drive
Arlington, VA 22202

ELECTRONIC SUBMISSION

Eric,

Subject: CSF Amendment for Bio-Protect AM50, EPA Reg. No. 87583-3

Technologies Sciences Group, Inc. (TSG) on behalf of PureShield, Inc. is requesting a CSF Amendment for Bio-Protect AM50, EPA Reg. No. 87583-3. The CSF updates include: updating the format for Basic and adding an Alternate with an additional source of active ingredient.

The following materials are enclosed in support of this notification:

- An Application Form (EPA Form 8570-1).
- One (1) copy of each of the proposed CSFs
- An updated Formulator's Exemption Form (EPA Form 8570-27)

If you have any questions regarding this CSF amendment, please don't hesitate to contact me at 202-828-8998 or lisa.amadio@tsgconsulting.com

Regards,

A handwritten signature in blue ink that reads 'Lisa M. Amadio'.

Lisa M. Amadio
Principal Regulatory Consultant
Agent for PureShield Inc.

Enclosures

Washington, D.C.



1150 18th St., NW, Suite 1000
Washington, D.C. 20036
Phone: (202) 223-4392

California

980 9th Street, Suite 400
Sacramento, CA 95814
Phone: (530) 601-5010

Canada

275 Slater St., Suite 900
Ottawa, Ontario K1P 5H9
Phone: (613) 247-6285

| | | | |
|--|---|--|--|
|  <div style="display: inline-block; vertical-align: middle;"> United States Environmental Protection Agency Washington, DC 20460 </div> | | <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other | OPP Identifier Number |
| Application for Pesticide - Section I | | | |
| 1. Company/Product Number 87583-3 | | 2. EPA Product Manager Eric Miederhoff | |
| 4. Company/Product (Name) Bio-Protect AM50 | | 3. Proposed Classification PM# 31 <input type="checkbox"/> None <input type="checkbox"/> Restricted | |
| 5. Name and Address of Applicant (Include ZIP Code) PureShield, Inc. 5500 Military Trail, Suite 22-314 Jupiter, FL 33458 <input type="checkbox"/> Check if this is a new address | | 6. Expedited Review. In accordance with FIFRA Section 3 (c) (3) (b) (i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____ | |
| Section - II | | | |
| <input checked="" type="checkbox"/> Amendment - Explain below | | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ | |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | | <input type="checkbox"/> "Me Too" Application. | |
| <input type="checkbox"/> Notification - Explain below. | | <input type="checkbox"/> Other - Explain below. | |
| Explanation: Use additional Page(s) if necessary. (For section I and Section II) CSF Amendment: 1) Addition of Alternate additional source of active; and 2) Updated format of CSFs. Contact: Lisa M. Amadio, lisa.amadio@tsgconsulting.com , 202.828.8998 | | | |
| Section - III | | | |
| 1. Material This Product Will Be Packaged In: | | | |
| Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No * Certification must be submitted | Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. _____ No. per Container _____ | Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Package wgt. _____ No. Per Container _____ | 2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____ |
| 3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container | | 4. Size(s) Retail Container | |
| | | 5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product | |
| 6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____ | | | |
| Section - IV | | | |
| 1. Contact Point (Complete items directly below for identification of individual to be contacted if necessary to process this application.) | | | |
| Name Lisa M. Amadio | | Title Principal Regulatory Consultant | Telephone No. (Include Area Code) 202-828-8998 |
| Certification | | | 6. Date Application Received (Stamped) |
| I certify that the statements which I have made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. | | | |
| 2. Signature  | | | |
| 3. Title Agent for PureShield Inc. | | | |
| 4. Typed Name Lisa M. Amadio | | 5. Date 10-31-19 | |



United States
Environmental Protection Agency
 Washington, D.C. 20460
Formulator's Exemption Statement
(40 CFR 152-85)

| | |
|--|--|
| Applicant's Name and Address PureShield Inc. 1445 Jupiter Park, Suite 1 Jupiter, FL 33458 | EPA File Symbol/Registration Number 87583-3 |
| | Product Name Bio-Protect AM50 |
| | Date of Confidential Statement of Formula (EPA form 8570-4) 10-31-19 |

As an authorized representative of the applicant for registration of the product identified above, I here certify that:

(1) This product contains the following active ingredient(s):

3-(Trimethoxysilyl) propyl dimethyl octadecyl ammonium chloride

(2) Of these, each active ingredient listed in paragraph (4) is present solely as the result of the use of that active ingredient in the manufacturing, formulation or repackaging of another product which contains that active ingredient which is registered under FIFRA Section 3, is purchased by us from another person and meets the requirements of 40 CFR section 158.50(e)(2) or (3).

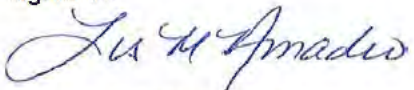
(3) Indicate by checking (A) or (B) below which paragraph applies:

☒ (A) An accurate Confidential Statement of Formula (EPA Form 8570-4) for the above identified product is attached to this statement. That formula statement indicate, by company name, registration number, and product name, the source of the active ingredient(s) listed in paragraph (1).

OR

☐ (B) The Confidential Statement of Formula (CSF) (EPA Form 8570-4) referenced above and on file with the EPA is complete, current, and accurate and contains the information required on the current CSF.

(4) The following active ingredient in this product qualify for the formulator's exemption.

| Source | | |
|--|---|-------------------------|
| Active Ingredient | Product Name | Registration Number |
| 3-(Trimethoxysilyl) propyl dimethyl octadecyl ammonium chloride | | |
| | | |
| Signature  | Name and Title Lisa M. Amadio Reg. Consultant for PureShield Inc. | Date 10-31-19 |